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Exploring the possibility of combining realist and system thinking: an exemplar

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Objectives

- ▶ Brief explanation of Realist Methods
- ▶ Brief explanation of Soft Systems Methodology
- ▶ How the two can be used together
- ▶ Case study
- ▶ Conclusions

Realist Methods (1) (Pawson and Tilley 1997)

Answer the question: "What works, for whom, in what respects, to what extent, in what contexts, and how?"

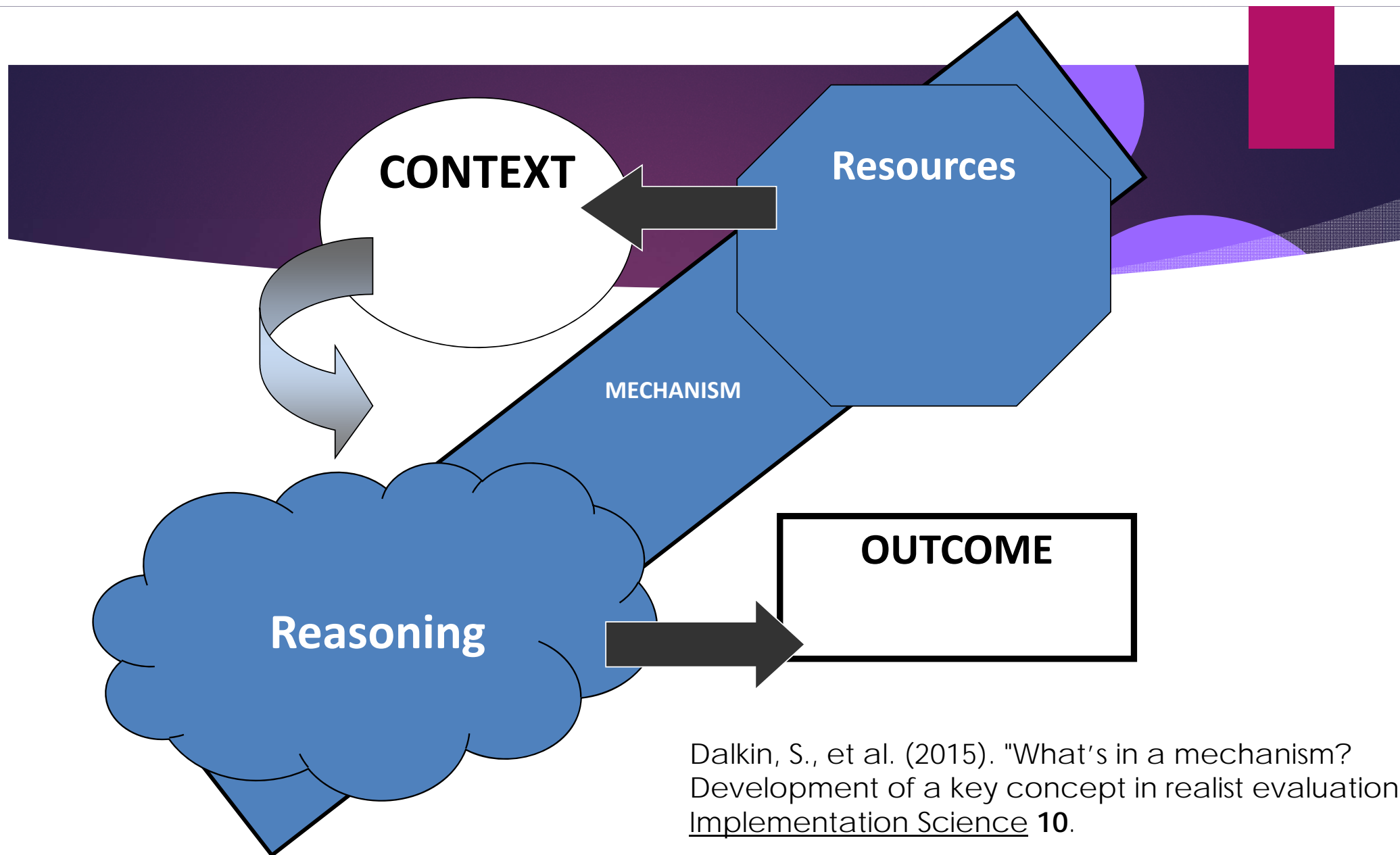
Step 1: develop program theories (hunches about how different aspects of the intervention works)

Step 2: test program theories using quantitative and qualitative data

Step 3: refine programme theories

Realist Methods (2)

- ▶ Programme theories are configurations of Context, Mechanism and Outcomes:
- **Context:** Anything in the physical or social environment - Cultural norms/values, history, economic/financial conditions, existing public policy, outcomes of previous interventions (often found in comparative data)
- **Mechanism:** A combination of programme resource and stakeholder reasoning; the generative force that leads to an outcome. Usually hidden, sensitive to variations in context, and produce effects (often found in qualitative data)
- **Outcome Pattern:** intended or unintended, can be proximal or distal, intermediate or final (often found in quantitative data)



Dalkin, S., et al. (2015). "What's in a mechanism? Development of a key concept in realist evaluation." Implementation Science **10**.

Soft Systems Methodology (SSM) 1


"SSM is a methodology that aims to bring about improvement in areas of social concern by activating in people involved in the situation a learning cycle which is ideally never ending. The learning takes place through the iterative process of using system concepts to reflect upon and debate perceptions of the real world, taking action in the real world, and again reflecting on the happenings using systems concepts. The reflection and debate is structured by a number of systemic models. These are conceived as holistic ideal types of certain aspects of the problem situation rather than as accounts of it. It is taken as a given that no objective and complete account of a problem situation can be provided."

(von Bulow 1989), p.35

SSM 2

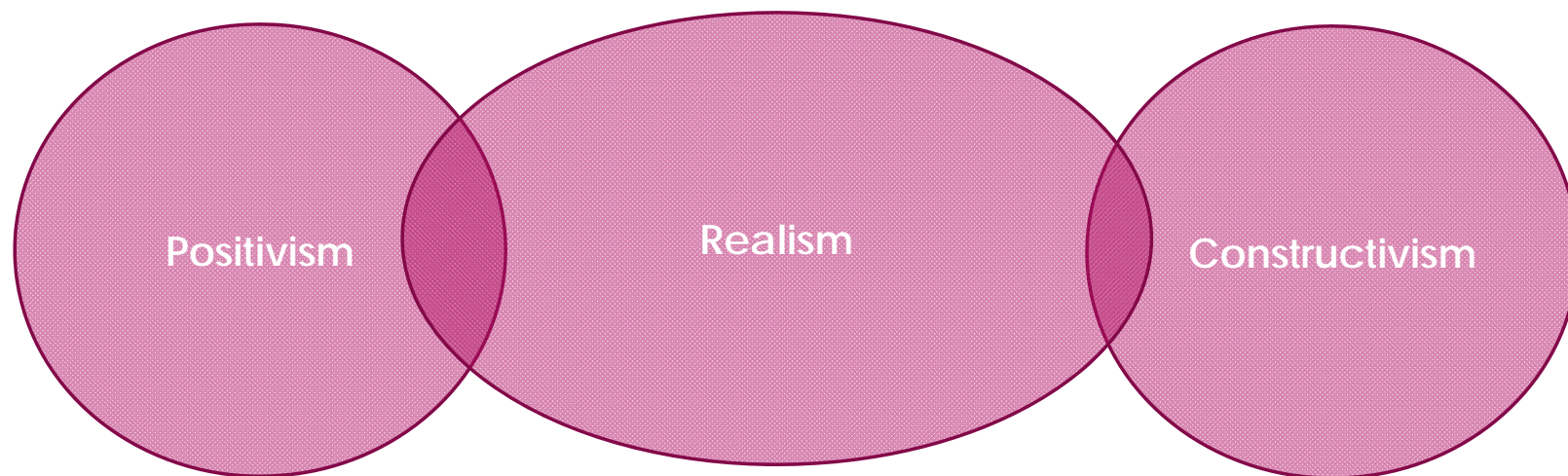
The CATWOE mnemonic (Checkland and Scholes 1992) indicatively mapped against realist constructs

- *Customers* who (or what) benefits from this transformation (and victims) Outcomes
- *Actors* who facilitate the transformation Context or reasoning
- *Transformation* from 'start' to 'finish' Intervention or Mechanisms (combination of resources and reasoning)
- *Weltanschauung* (*World Wide View*) what gives the transformation some meaning/why is it important?
(Distal) context
- *Owners* to whom the 'system' is answerable and/or could cause it not to exist
Context or reasoning
- *Environments* that influence but does not control the system (Proximal) context



How can SSM be used
within a Realist
Evaluation?

The philosophical bit...



- Theory testing/deduction
- Experimental design
- RCTs

Retroduction:
theory inspired
by evidence

- Theory building/induction
- Qualitative design
- Interpretation of perspectives

Inspired by: Sayer (2000). Realism and Social Science, Sage: London.



Realist Methods and SSM

- ▶ SSM is particularly useful in situations where there are multiple goals, different views, perspectives, and assumptions (Checkland and Scholes 1992, Checkland 2000), as is often the case in complex interventions.
- ▶ Realist approaches evaluate complex interventions (Pawson and Tilley, 1997) and are method-neutral (Marchal et al., 2013); therefore they can benefit from the use of analysis tools, such as SSM.
- ▶ RAMESES publication guidelines state that transparency is a 'guiding principle' in realist approaches (Wong et al., 2013).



Realist Methods and SSM

- ▶ The epistemology of SSM is similar to that of realism in that the building of models represent the phenomenon being examined, and these models are hypothetical descriptions which reveal underlying mechanisms of reality which can only be known by constructing ideas about them (Blaikie, 2007).

Case study

- ▶ Realist evaluation of a palliative Integrated Care Pathway (ICP) for people with palliative care needs in primary care (Dalkin, 2014).
- ▶ The aim of the ICP was to provide proactive and patient centred care for palliative care patients.
- ▶ This was achieved using several mini interventions including advance care planning.
- ▶ Three focus groups were conducted with staff from the ICP to map out how the ICP worked.
- ▶ To achieve this, SSM was used with staff members. Initial maps were created in the first focus group and refined in the two subsequent focus groups.

SSM Map 1

Developed in Focus group 1

Worldwide view

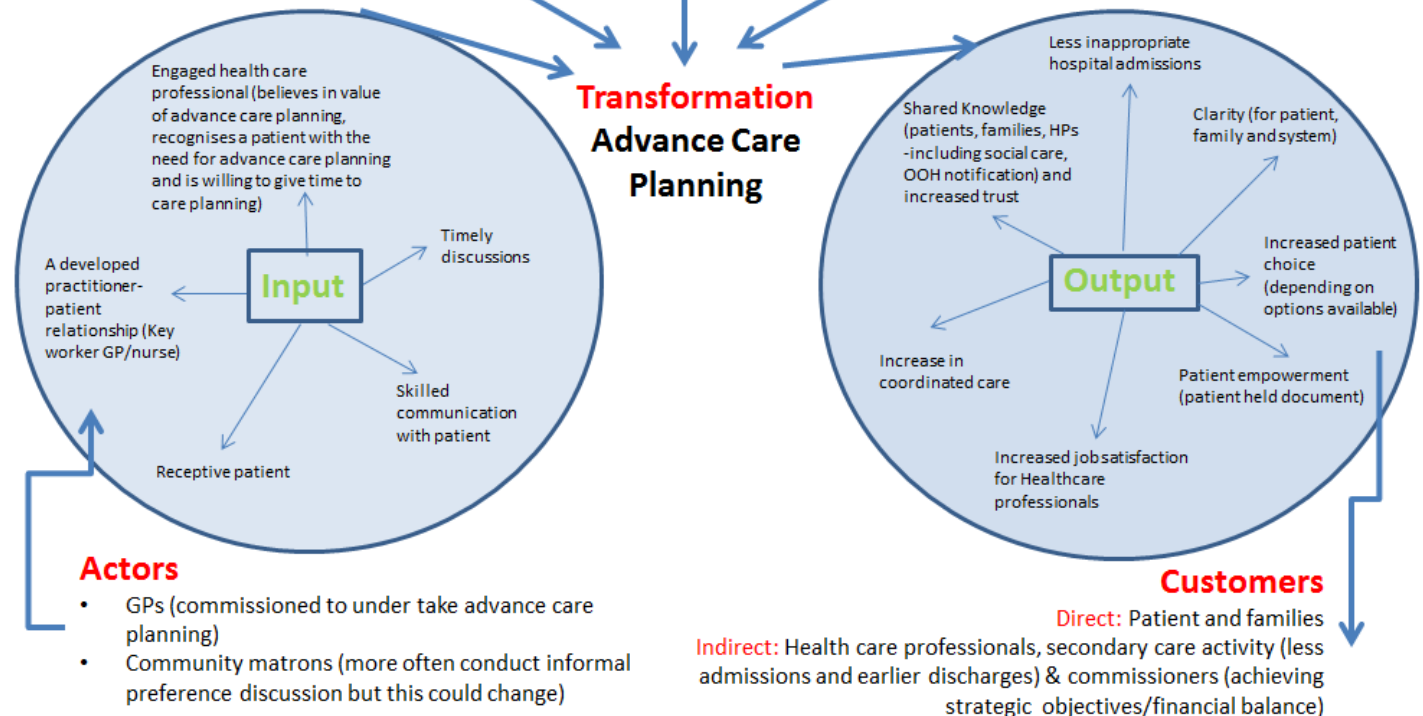
- National end of life care strategy
- Mental capacity act
- Gold Standards Framework
- Society's view of death and dying
- Ethos of patient centred care & shared decision making
- General Medical Council guidance, Deciding right documentation, Royal College of Physicians guidance

Owners (who could stop the Transformation?)

- Commissioners
- Unengaged/uninformed organisations (potentially social care, GP practices, urgent care)
- Patients and family – denial
- Oncologists/Radiotherapists
- Dementia patients due to capacity for decisions

Environmental Constraints (and aids)

- Time to complete an advance care plan (lengthy document)
- Uncertainty of documentation (unsure where to record, desire for a simpler document)
- CQUIN Targets for nurses (now include Advance Care Planning)
- Care options available (removal of local hospice, charitable organisations have had funding cuts).



SSM Map 2

SSM Map 1 was presented to ICP staff. It was then expanded/refined as follows...

Worldwide view

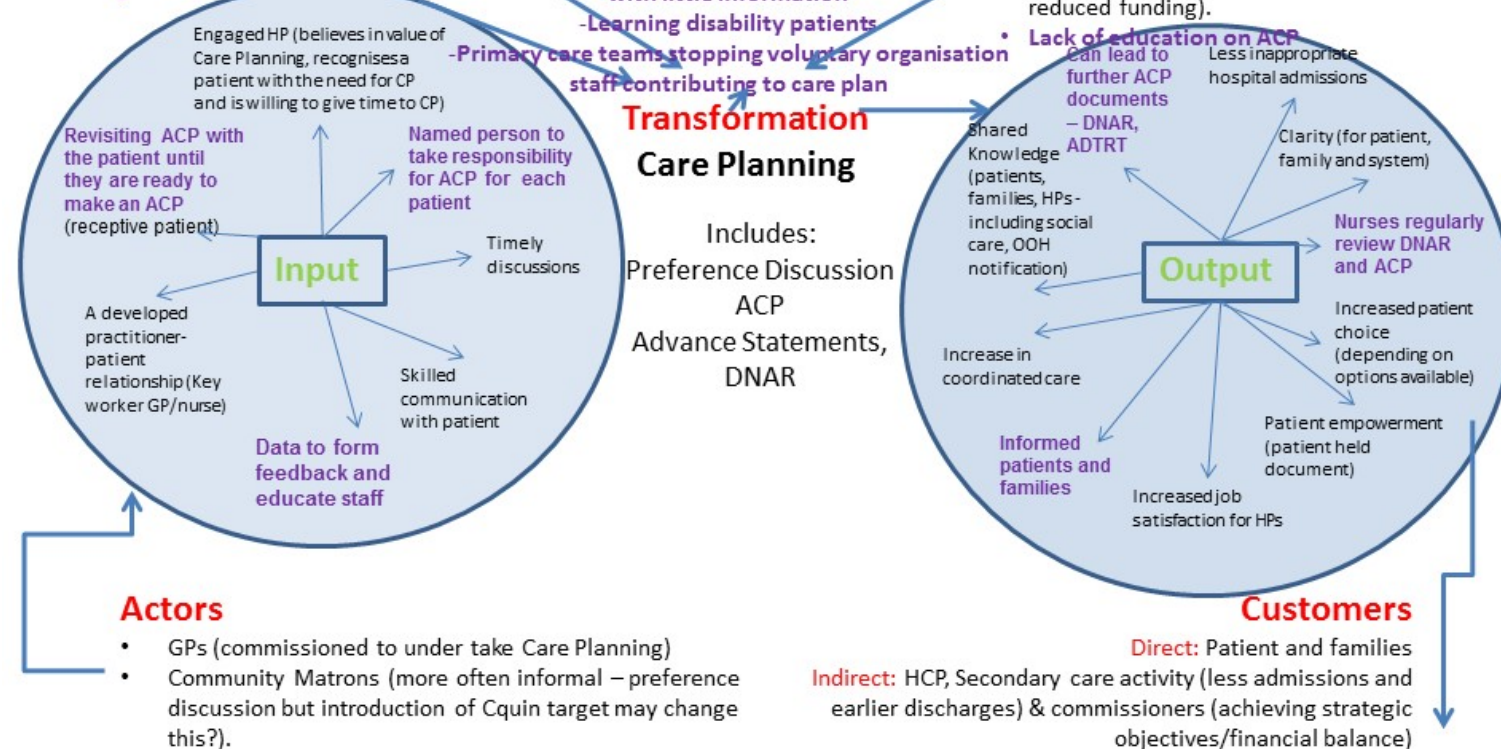
- National EOL care strategy
- Mental capacity act
- Gold Standards Framework
- Society's view of death and dying
- Patient Centred Care – Shared Decision Making?
- GMC guidance, Deciding right documentation, Royal College of Physicians guidance
- **Target driven incentives**

Owners (who could stop the Transformation?)

- Commissioners
- **Level of engagement (partially, not engaged, obstructive)/uninformed organisations** (social care, GP practices, NDUC?)
- Patients, family and **patient advocates** – denial
- Oncologists/Radiotherapists
- Dementia patients
- **Inappropriate timing of delivery of ACP to patient with little information**
- **Learning disability patients**
- **Primary care teams stopping voluntary organisation staff contributing to care plan**

Environmental Constraints

- Time to complete a Care Plan (lengthy document)
- Uncertainty of documentation (focus group 1 – unsure where to record, desire for a simpler document)
- **Variation in ACP documentation across locality**
- Cquin Targets for nurses (now include Advance Care Planning)
- Options available (removal of CS, TDHH reduced funding).
- **Lack of education on ACP** can lead to further ACP documents – DNAR, ADTRT



SSM Map 3

The final focus group was used to select the most important aspects of the map. Other aspects were not excluded, but used in other programme theories or as macro context.

Worldwide view

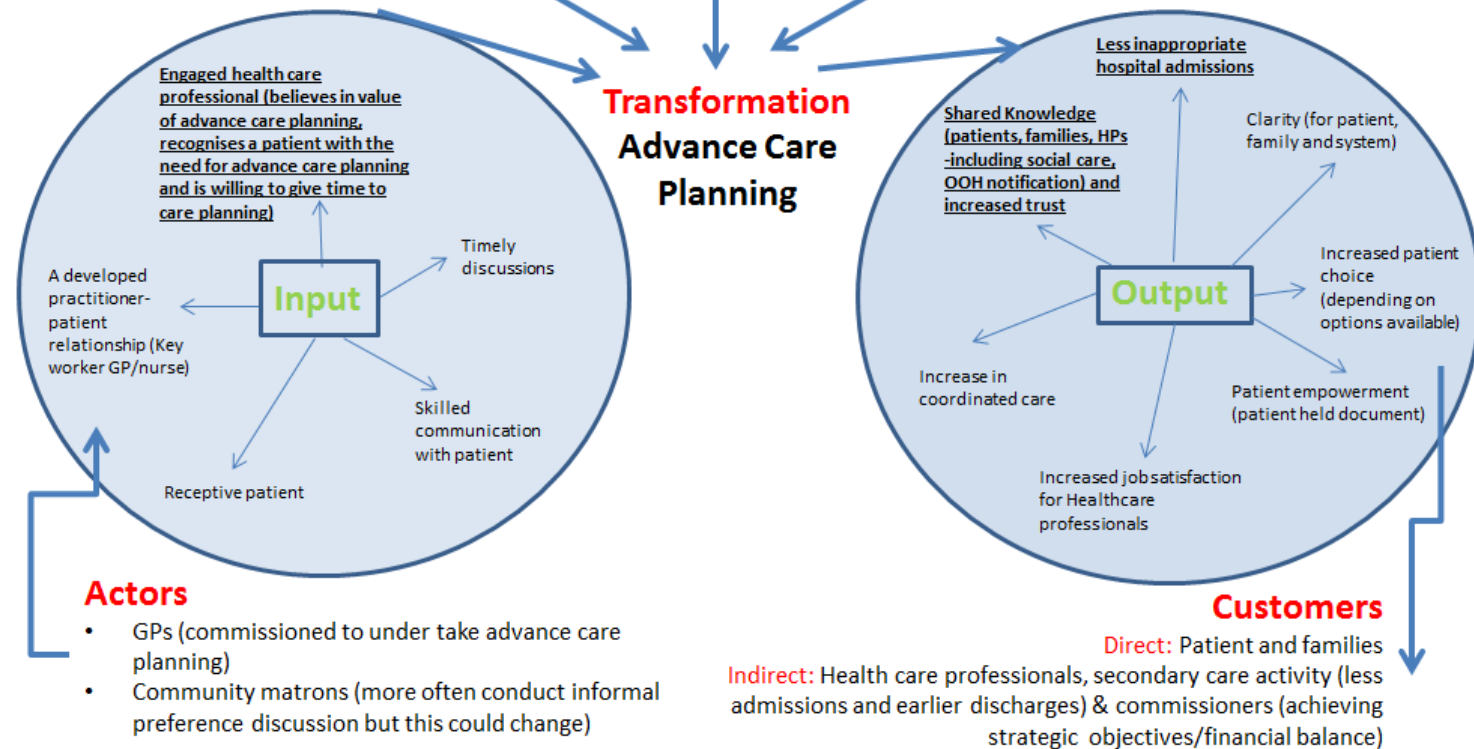
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- General Medical Council guidance, Deciding right documentation, Royal College of Physicians guidance

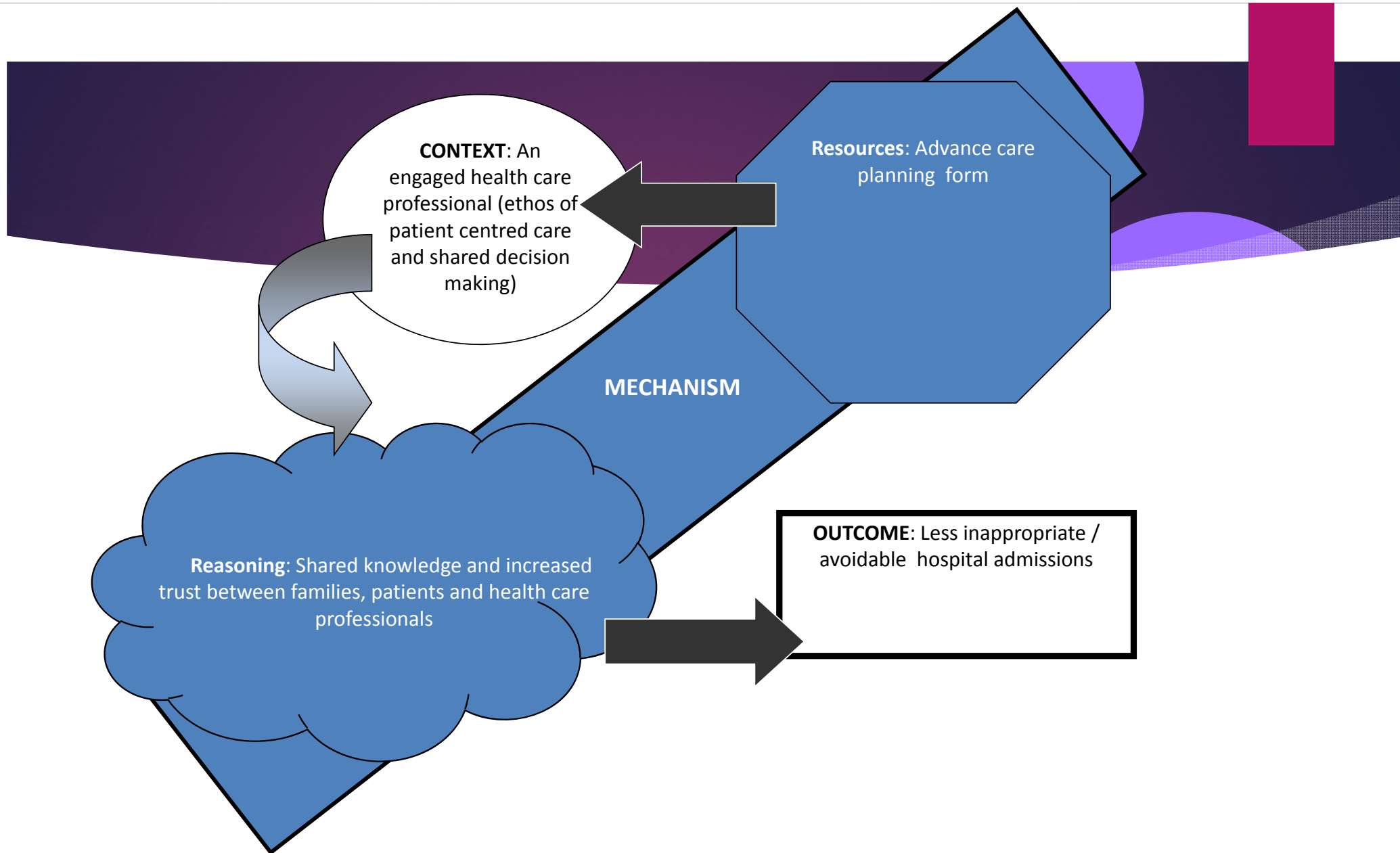
Owners (who could stop the Transformation?)

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- Care options available (removal of local hospice, charitable organisations have had funding cuts).







Conclusions

1. As part of a realist endeavour, SSM is a useful mapping tool and can help to uncover programme complexity.
2. It provides a systematic approach to engaging stakeholders, and is a useful technique for eliciting and honing stakeholder theory
3. Can increase transparency in realist methods
4. Can ensure that researchers endeavours reflect stakeholders' complex practice realities.

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